

STATE OF ARIZONA
HOSPITAL FOR DISABLED MINERS
(Located at Arizona Pioneers' Home, 300 S McCormick St., Prescott, AZ 86303)
APPLICATION FOR ADMISSION
And Affidavit of Mining Employment

This form is to be completed by anyone wishing admission to the Arizona Hospital for Disabled Miners at the Arizona Pioneers' Home. When completed forms are returned, they are reviewed for completeness and date stamped. Applicants are then placed on a waiting list in the order they are received. Applicants are notified of a vacancy when their name reaches the top of the waiting list and depending upon the availability of a bed in the level of skilled care required. Applicants are required to provide additional information and documents before they are admitted as a resident. It is the responsibility of the applicant to keep the Arizona Pioneers' Home informed if there is a change in the information provided while they are on the waiting list.

Date: _____

Name:

Last

First

Initial

Address:

Street

City

Zip

Telephone: _____ Message Phone: _____

Social Security Number: _____ Medicare Number: _____

Date of Birth: _____ Place of Birth: _____

Date you came to Arizona: _____

References: (List names and addresses of friends or relatives who can verify that you have been in the occupation of mining and have lived in Arizona as required by State law.)

Name: _____ Address: _____

Name: _____ Address: _____

List any other information that will substantiate and verify you worked in the occupation of mining:

MINERS HOSPITAL APPLICATION (continued)

In making application to the Arizona Hospital for Disabled Miners, an applicant must provide information about working in the occupation of mining, showing that they meet the State requirements for admission. Please provide the following:

Mining Employment History

Dates	Company	Job Title	City

Total Number of years worked in the mining industry: _____

Certification

I certify that, to the best of my knowledge, I meet the qualifications for admission to the Arizona Hospital for Disabled Miners at the Arizona Pioneers' Home. (Check appropriate box)

- I have been a resident of the State of Arizona while in the occupation of mining.
- I physically participated in mining activities to develop or extract materials from a mine, or I performed executive, administrative, support or clerical functions for the owner or operator of a mine in which there was significant environmental exposure to mining activities, that could be detrimental to a person's health.
- I am a citizen or legal resident of the United States.
- I have reached the age of sixty (60) or more years.
- I am under sixty (60) years of age and otherwise qualify as a resident and a miner.
- I have suffered an incapacitating injury (or illness) arising from the occupation of mining.
- I am financially unable to support myself.

By submitting this application I certify and swear that I meet the above qualifications and am submitting this application so that I may become a resident of the Arizona Miners Hospital if it appears that I possess all of the qualifications.

Signature Date

Subscribed and sworn to before me this _____ day of _____ A.D., 20_____.

My commission expires _____ Notary Public: _____